



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
LICENSING SECTION
CHANGE OF PUBLIC ADJUSTER STATUS

P.O.BOX 690 OR
P.O.BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
TELEPHONE (573) 751-3518
THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK.

Enclose a \$10.00 fee if you want a license showing the new name and/or address. Personal Checks Not Accepted.

☐ CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.

PUBLIC ADJUSTER IDENTIFICATION NO.	PUBLIC ADJUSTER NAME
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PLEASE COMPLETE ANY AREA BELOW THAT REQUIRES CHANGE.

☐ **CHANGE NAME TO** (Proper papers from Missouri Secretary of State's Office must accompany this change if other than individual)

☐ **INDICATE NEW STRUCTURE** (CHECK ONE IF OTHER THAN INDIVIDUAL)

<input type="checkbox"/> INDIVIDUALLY OWNED	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> UNINCORPORATED ASSOCIATION	

Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.

☐ **CHANGE OF ADDRESS** (Notification required within thirty days of change)

NEW LEGAL RESIDENCE ADDRESS (Required)					
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE NUMBER
NEW MAILING ADDRESS (Optional)					
STREET ADDRESS		CITY	STATE	ZIP	BUSINESS PHONE NUMBER

☐ **CHANGE OF OWNERS, OFFICERS OR DIRECTORS**

If there have been any changes of owners, officers or directors, attach a current listing. Please give full name, social security number, title and residence address.

☐ **CHANGES OF LICENSED PUBLIC ADJUSTERS AND/OR PUBLIC ADJUSTER SOLICITORS (Employed by you.)**

CHECK ONE		CHECK ONE		NAME	ID NUMBER	EFFECTIVE DATE
ADD	DELETE	PA	PS			
						MO. DAY YEAR — — —
						— —
						— —

AUTHORIZED SIGNATURE		DATE
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